



# Neuro NSW

Brain & Spine Specialists

## Neurophysiology - NCS / EMG request form

### Patient information

Patient Name: ..... DOB: ..... Patient Contact: .....

### Neurophysiology investigation required:

<input type="checkbox"/> Nerve Conduction Study	<input type="checkbox"/> Upper Limbs <input type="checkbox"/> Lower Limbs
<input type="checkbox"/> Electromyography	<input type="checkbox"/> Upper Limbs <input type="checkbox"/> Lower Limbs <input type="checkbox"/> Complex EMG (Quantitative Analysis)

Clinical Symptoms: .....

<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Ulnar Neuropathy	<input type="checkbox"/> Wrist <input type="checkbox"/> Elbow
<input type="checkbox"/> Radiculopathy	<input type="checkbox"/> Cervical <input type="checkbox"/> Lumbosacral
<input type="checkbox"/> Peripheral Neuropathy	<input type="checkbox"/> Upper Limbs <input type="checkbox"/> Lower Limbs
<input type="checkbox"/> Plexopathy	<input type="checkbox"/> Brachial <input type="checkbox"/> Lumbosacral

<input type="checkbox"/> URGENT	<input type="checkbox"/> NON-URGENT
---------------------------------	-------------------------------------

Neurology Review Required: Please attach a referral letter

Referring Doctor.....	
Provider No.....	
Signature.....	Date.....

Please email referral to: [reception@neuronsw.com.au](mailto:reception@neuronsw.com.au)

PH: 02 66279406 Fax: 02 66279209 Mobile: 0450895050 (SMS, Voicemail)

**\*If appointment is urgent please call clinic\***